

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044671

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10670

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 19 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis,

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION St Anthony Hosp.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

3140 Maury Ave.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

GUSTAV

Middle

G.

Last

MUSKOPF

4. DATE
OF
DEATH

Month

Nov.

Day

6th,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-5-1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Anheuser-Busch

11. BIRTHPLACE (City and state or country)

Milstadt, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jacob Muskopf

13b. MOTHER'S MAIDEN NAME

Mary Stahl

14. NAME OF HUSBAND OR WIFE

Olga E. Muskopf

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or war or dates of service)

No

None

17. INFORMANT

Address

Olga Muskopf-3140 Maury Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ac. Cardiac failure

INTERVAL BETWEEN
ONSET AND DEATH

1 hr

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arterio Sclerotic heart disease

14 yr

DUE TO (c)

Auricular Fibrillation

6 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4:20.0

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4.22.47 to 10.6.62 and last saw him alive on 11.5.62

Death occurred at 4:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. H. Janssen

MD

22b. ADDRESS

apptm 23 Mo

22c. DATE SIGNED

11.6.62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

Nov. 9, 1962

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill

23d. LOCATION (City, town, or county)

St. Louis County,

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser-4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

11-7-1962

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James Robinson

Licensed Embalmer No. 4527

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.